DOCUMENT RESUME

ED 234 818 IR 050 451

AUTHOR Schwank, Jean; Allen, Joyce
TITLE Information Resources in Clinical Medicine: Family Practice, Pediatrics, Obstetrics and Gynecology, General Surgery, Internal Medicine.
INSTITUTION Medical Library Association, Chicago, Ill.
PUB DATE 80
NOTE 56p.; Medical Library Association Courses for Continuing Education: CE 61.
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051) -- Reference Materials - Bibliographies (131)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Annotated Bibliographies; Course Content; *Information Sources; Librarians; *Library Collections; *Library Material Selection; Library Services; *Medical Libraries; Medical Services; *Medicine; Physicians; Professional Continuing Education; *Reference Materials

ABSTRACT

Designed for beginning health science librarians, this continuing education course syllabus presents a guide to information resources for answering physicians' questions about patient care. Sources from standard core lists, such as the Alfred Brandon list, are highlighted and described, along with additional titles. General resources covered include literature guides, indexes and abstracts, government publications, guides to publications in print, and guides to associations and their publications. Relevant information centers and their services are described as well as resources for answering the questions of physicians specializing in family practice, obstetrics and gynecology, pediatrics, general surgery, and internal medicine, including critical care medicine, cardiology, gastroenterology, hematology, infectious diseases, oncology, and pulmonary disease. A brief discussion of issues related to medical librarianship is also provided. Among the issues reviewed are types of medical library use, the characteristics of librarians and physicians, the establishment of mutual respect between the two groups, and steps for keeping medical librarians and physicians up-to-date. A 15-item bibliography on medical libraries and sources for selection of library materials concludes the booklet. (ESR)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED234818

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

MEDICAL LIBRARY ASSOCIATION
COURSES FOR CONTINUING EDUCATION

CE 61
Information Resources in Clinical Medicine:
Family Practice
Pediatrics
Obstetrics and Gynecology
General Surgery
Internal Medicine

IR050451

Jean Schwank
Community Hospital of Indianapolis
Indianapolis, IN

Joyce Allen
Methodist Hospital of Indianapolis
Indianapolis, IN

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Barbara Baxter
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This syllabus is only *one* part of a complete instructional package. Other components of the package consist of a qualified instructor, an adequate instructional environment, supplementary classroom materials, and an evaluation of the instruction received. Continuing Education Units (CEUs) for this course may be granted only by the Medical Library Association.

© Medical Library Association, Inc., 1980

First edition, 1980

CE 61: INFORMATION RESOURCES IN CLINICAL MEDICINE

Summary

This course covers information resources for answering physicians' questions about patient care, and is designed for beginning health sciences librarians. The best information sources from standard core lists are highlighted and described, along with additional titles. Topics also include: information needs in clinical medicine; the physician as patron; and titles and information services specific to the named specialties.

Course Objectives

At the end of the course, participants should be able to:

1. List key journals which the librarian should read regularly for current awareness.
2. Identify current clinical interests and trends in the named specialties.
3. Describe the unique information requirements of physicians in general, and differentiate among specialty requirements.
4. Name sources that identify reliable, authoritative reference books, textbooks, monographs, journals and indexes.

Note: Prices given for items included in this syllabus were current in 1980.

TABLE OF CONTENTS

Page

Summary and Course Objectives i

The Library and the Physician. 1
- Specialist? Non-specialist? Resident? 1
- Types of Library Use. 1
- Personal and Professional Characteristics of the Librarian and Physician. 2
- Establishing Mutual Respect 3
- Keeping Up-to-Date: The Librarian 4
- Helping the Physician Keep Up-to-Date. 5
- Confidentiality 5

Answering Clinical Questions: General Resources 7
- Literature Guides 7
- Indexes and Abstracts 7
- Government Publications 9
- Guides to In-Print Publications 10
- Associations and Association Publications. 12
- Information Services 13

Answering Clinical Questions: Specialties and Resources 17
- Family Practice 17
- Obstetrics and Gynecology 20
- Pediatrics. 22
- General Surgery. 26
- Internal Medicine 29
  - Critical Care Medicine 32
  - Cardiology. 34
  - Gastroenterology. 38
  - Hematology. 40
  - Infectious Diseases 43
  - Oncology. 46
  - Pulmonary Disease 50

Cited References 53

Selected References. 55

THE LIBRARY AND THE PHYSICIAN

Specialist? Non-Specialist? Resident?

Physicians may be classified as specialists, non-specialists and residents. A specialist is a physician who has narrowed the scope of his/her practice of medicine to patients of a particular age, sex, disease, disorder or any combination of the four.

It has been said that advancement in knowledge of clinical medicine is now mainly accomplished by specialists, and that the era of clinical "giants" who were regarded as authorities on many aspects of internal medicine is dead![1] This may be an acceptable statement because the specialist is the ultimate diagnostician and therapist of patients who have rare and complicated disorders.

The contribution of specialists to the delivery of primary care is significant. Two recent national studies have shown that one of every five Americans now receives continuing general medical care from a specialist.[2, 3]

If a specialist is one who sees a highly selective group of patients, then a non-specialist is one who treats anybody. This group of physicians was generally known as general practitioners (now family practitioners) or primary care physicians. In reality, family practice has now become a specialty.

The resident or intern, a new and recent graduate of medical school, is practicing medicine in a student mode. Generally, the resident or intern is not free-standing in the hospital environment and works very closely with members of the fixed medical staff, which consists of specialists and non-specialists.

Types of Library Use

In many ways, physicians are very much like other library users. Their levels of sophistication in using libraries depends upon several things, including areas of medical interests, previous library experience, state of education, etc. In general, clinicians tend to be less knowledgeable about the literature outside their specific field of interest and tend to overlook that literature in searching for information related to a patient problem.

A recent article analyzed the results of a survey of the information needs of practicing physicians in New York. It confirmed the already-known fact that the sources most frequently used by them are journal articles (probably from their own personal collections), colleagues, and books, in that order.[4] The library is a last resort, in most instances. Even department libraries come before the main library.

The same article affirmed that purely bibliographical services (citations to relevant articles) are less important than the clinicians' "everyday approach" because they are slower than the process of consulting colleagues or reference materials in the office or lab, and because they tend to provide more information than desired!

It is possible to differentiate library use by specialists, non-specialists and residents. The specialist is fairly familiar with the classic tests and specialty journals in his area of interest. This also means that relevant information in "outside" texts or journals may be accepted reluctantly or not at all.

Once a specialist becomes aware of the librarian's ability to satisfy his information needs, he will become a frequent library user. Many specialists' questions tend to be very narrow and complex. At least, they relate to "interesting" and/or "rare" cases. Also, the specialist, as alluded to earlier, may be involved in writing papers, making oral presentations, or working on funded research projects.

The non-specialist is more comfortable with the popular medical journals, such as *JAMA, Postgraduate Medicine, New England Journal of Medicine,* etc. The same is true about his knowledge of textbooks.

The non-specialist's questions tend to be broader or more vague than those of the specialist. A good reference interview may be required to elicit specific details.

Like the specialist, the non-specialist requires initially a lot of help in getting around the library, overcoming his reluctance to ask for help, and in defining his real information needs.

The resident or intern is probably the most independent and sophisticated physician user. The reason is related logically to the fact that he has just left a medical school where library use was heavy. Also, he is used to a medical school library where resources and personnel were more abundant than what he will have in a hospital environment.

The resident is not averse to library orientation, because he is eager to know how much the librarian and the collection can help while he is still learning about medicine. Once he knows, he tends to be one of the heaviest library users, requiring little help.

Residents may be quite up-to-date with current and useful texts in general medicine and some specialties. Having a resident on the library committee may be very fruitful.

Personal and Professional Characteristics of the Librarian and Physician

The characteristics of special, especially hospital, librarians compare favorably – even surpass – those attributed to Boy Scouts, postmen, Florence Nightingale, and many saints. Here are our colleagues writing about us:[5, 6, 7]

- "strong motivation to put knowledge to work"
- "enormous . . . curiosity and a compulsion that demands that one's curiosity be satisfied"
- "desire to keep abreast of new development"
- "a perservering drive, a sense of intellectual empathy with other persons and their work"
- "[familiarity] with the way a scientist [sic] uses the literature"

- "equivalent in understanding and response to the group [s/he] serves and with whom mutual confidence and respect is essential . . ."
- "[provides a place where people] come, knowing they will find the information they need"
- "able to relate effectively to people"
- "able to deal with a variety of personalities and problems and to cope with situations in which several demands come concurrently"
- "meet [inopportune interruptions] pleasantly and maintain an attitude of service"
- "plan imaginatively and constructively, assume responsibility where it is appropriate, and identify areas of responsibility when they appear"
- [in addition, good recall and the ability to speak and write effectively are handy]
- and finally, "one should provide a warm and permissive atmosphere [so patrons can] escape from the critical and vexing situations and hectic turmoil of patient areas"

And one truly has to *do and be these things* to become a respected, effective *colleague* to physicians.

Who are these physicians? They are all different, based on the level of training and the nature of their specialities, and yet they share certain characteristics. They are, primarily, technicians, busy technicians (rather than "scientists"), and as such they are result-oriented, pragmatic, and interested in ends, not means.

Despite the lofty art-and-science-of-medicine rhetoric, as patrons they are seeking a product – information – and they are often quite open about their inability to obtain that product on their own. They promptly concede ungrudging respect and admiration to the librarian colleague whose technical expertise can produce accurate, concise information.

The librarian's stance on a pedestal will be especially secure if s/he provides enough, and *only* enough, information, and forbears a lengthy account of the perhaps brilliant strategy that produced it.

Establishing Mutual Respect

With those physicians who are insecure (about themselves, or librarians) deal bravely! Librarians are professional people, with expertise in information handling and in library management. Listen carefully, with respect and understanding, and agree if agreement is called for. But if the impossible is requested (or demanded), explain the dilemma clearly: explain policy, explain alternatives, cite precedent (local or professional); *stay calm.* Probably an agreement will be reached, in a manner that satisfies mutually.

If situations arise in which a physicians' request is inappropriate, possible options are:

1. Document the request and discussion fully and refer it to an authority: the boss, the library committee, a medical staff committee or department, as appropriate.

2. Obtain agreement that the request will be carried out in such (alternative) manner as is appropriate; ask the requester to withhold judgment until the transaction is completed and the outcome of the action is known.
3. Agree to provide, collect, analyze additional information or statistics to help clarify the issue.
4. Accede to the request, document the course and outcome, and make an appropriate recommendation (to an authority) concerning similar future requests.

Time limits, costs, or other factors may suggest some combination of these actions.

In all contacts with physicians, whether those contacts are amiable or otherwise, remember that consistent, knowledgeable, firm adherence to sound library principles and practice will, in the end, both secure the respect necessary in order to work effectively *and* provide what the physician ultimately needs and wants: an efficient, active, productive, responsive information service.

N.B. The above notwithstanding, flexibility is essential in *serving* patrons. Consider the unusual request (or the unusual requester!) with a liberal, open, positive attitude. Remember the cliche that libraries are run for patrons, not staff.

Keeping Up-to-Date: The Librarian

1. Join professional library associations; attend their meetings; read their publications.
2. Consort with colleagues; cooperate; share.
3. Attend workshops and CE courses in general, as well as health sciences librarianship.
4. Get on the State Library mailing list for library science acquisitions; borrow or buy the good new items.
5. Attend clinical conferences and sit front and center; learn, and reinforce the idea of librarian-as-team-member.
6. Attend rounds with physicians, if possible, whether the library has a formal clinical program or not. Tag along, and learn, learn, learn: learn some medicine and, as important, learn about physicians. (Borrow a white coat to keep from looking like a civilian.)
7. Read regularly tables of contents, selected articles, and book reviews from as many medical journals as time permits. Read especially articles about the new or the controversial in medicine. Read *Annals of Internal Medicine, JAMA,* and *New England Journal of Medicine* thoroughly and regularly, plus the state medical journal and nationally-important regional journals. Read carefully the tables of contents of those journals starred on the Brandon list which represents the areas from which most reference questions come, *whether or not there is time.*
8. Buy or borrow *Controversies In, Annual Reviews Of, Advances In* and read the tables of contents plus the pertinent articles.

9. Check each issue (or, annually, the cumulations) of the indexes that the library receives, under "Libraries". Obtain and read any good items that may have been missed. If it is possible to meet regularly with other hospital librarians, have "journal club" as part of the meetings.

Helping the Physician Keep Up-to-Date

The continuing education of physicians has been gradually moving from informal and unstructured to more formalized, particularly since 1969. CEUs are given for accredited courses, and proof of educational activity is required by certifying bodies to keep certification current. The Specialty Boards are moving toward voluntary recertification examinations; for one Board (Family Practice) recertification by exam is mandatory.

Following are some ways in which libraries can help support physicians' learning:

1. Work with the Director of Medical Education to assess and meet CE needs, to anticipate the presentations of visiting speakers, and to work out PR programs directed at physicians.
2. Prepare trendy bibliographies on new hospital programs, therapeutic controversies, new procedures, interesting cases. *Distribute* lists, to snare the unwary non-user.
3. Acquire the literature, lists, directories, etc., of the free (800 number) teleinformation systems. Include information about them, as appropriate, when answering physician questions. (See also Information Services, p. 13)
4. Offer a current-awareness service, via MEDLINE/SDILINE, or through the reading of tables of contents. Follow up on recent questions with relevant, "hot off the press" articles from the week's journal-reading.
5. Send memos, as appropriate, alerting individual physicians, or physician groups, to the acquisition of specific books, journals, or journal issues that will have special value for them.
6. Be alert to controversy, as it may be revealed in the course of answering a reference question. The physician may be aware of it, or not. This calls for subtle judgment, and personal knowledge about the physician, but it must be dealt with. Include with the answer opposing views, or a tactful notes that "these articles (named) seem to relate to your question; would you like copies of any?"

Confidentiality

The institution may have a written policy regarding confidentiality, and breeches of confidentiality. This is an important document to be acquainted with and to use as the basis for any policy written especially for library staff.

All staff should understand that most communications with and for physicians are privileged. If physician questions need to be referred, within the hospital or outside it, and the patron's identity is questioned, it should be sufficient to say that it is "a physician on our staff."

Remember also that, adages to the contrary, the patient about whom a physician inquires may be the physician himself. Be alert for this, since the reference interview and the handling of the question itself may require greater tact or reticence than acquaintance with the particular patron normally demands.

ANSWERING CLINICAL QUESTIONS: GENERAL RESOURCES

Literature Guides

The Brandon and Annals lists have been chosen for discussion because they have become standard literature guides for American health sciences libraries and health care scientists. The EBSCO Subscription Services list, although not so well known, is highlighted because it not only cites journal titles but compares them according to their appearance or coverage in standard literature guides and indexes. This characteristic makes it a unique and worthwhile guide to journals. A combined book and journal list designed by small rural hospitals is also mentioned.

Brandon List[8]

The eighth revised Brandon list includes 492 books and 138 journals and is "intended as a selection guide for small or medium-sized hospital libraries . . ." Revised biennially, the book list and journal list are classified; there is also an author index to books, and an alphabetic list of journals.

The prefatory material, whose references provide a useful and interesting list of lists, should be read carefully. Besides explaining the rationale that guided inclusion, it is a compact treatise on certain aspects of library management and procedures.

Much can be said about the starring of titles. Of 492 books, 116 are starred, as are 55 of 138 journals. From this weighting one may properly infer the relatively greater importance of journals in supplying the latest, most current information to practitioners. The starring of individual items is a somewhat arbitrary business in sections where all the titles are good, and useful; in other sections, the starring is questionable, with "bad" books, or less comprehensive books, starred in preference to reliable, comprehensive texts. So, as with any list, determine whether books in a section are needed at all, examine as many possible (through displays, or on-approval orders), confer with users and librarians, and apply general criteria in selecting (scope, authority, recency, etc.). But use reviews cautiously; they are often unsatisfactory in *crucial* areas.

The nursing section, in particular, presents a problem in that it was chosen to support a nursing curriculum, with the starred titles recommended for a hospital staff collection. Use this section with greatest caution: the starring is inadequate, and some first-purchases representing trends in contemporary nursing thought and practice are missing altogether. A new Brandon nursing list appeared in *Nursing Outlook*, October 1979.

The list as a whole misses two large areas: nosocomial infections, and holistic/preventive/psychosomatic medicine (the patient-as-social-being).

Starred journal titles indicate "titles on all five lists," a reference not explained further. Note also in selecting journals that the questionnaire accompanying the JCAH standards asks whether the journal collection represents all specialties present on the hospital's medical staff.

Finally, regarding currency, Brandon is very conscientious about noting upcoming editions of standard titles, so that one is not left inadvertently purchasing an expensive second edition with a third in press. Salesmen are also very good about this, and most will regularly mail lists of forthcoming books and new editions.

Brandon, however, unlike the eager salesmen, is *not* good about handicapping the big, new first editions that will become standards (whether they are newly published or in press). The Mandell infectious disease set is probably such a title; a few predictions of this sort would be welcome. For this reason, *listen* to salesmen, and *read* blurbs, especially between the lines for the subliminal clues that say winner! authoritative! essential! (Brandon now announces new editions and highlights new titles in *A Major Report.* Request this newsletter from Majors Scientific Books, Inc., 221 Walnut Hill Lane, P. O. Box 2700, Irving, TX 75061).

Regarding selection generally, see: Truelson, S. D., "Selecting for health science library collections when budgets falter," (*Bulletin of the Medical Library Association* 64:187-195, April 1976).

A Library for Internists III: or, the Annals List[9]

Unlike the Brandon list and other popular ones, the Annals list is based on a consensus of many medical authorities. It is also compiled by a physician rather than a librarian. One of the premises is that physicians know what's best for them. Another is that the list is more reliable because it is compiled by many rather than by a few.

Because of these characteristics and the additional one of being published in a medical journal, *Annals of Internal Medicine,* the Annals list is better known to physicians. The Brandon list is composed by librarians and appears in the *Bulletin of the Medical Library Association;* as a result, it is better known to librarians.

Even though the Annals list purports to be an acquisition tool for internists as well as hospital and medical school libraries, it is really geared to the former. Those titles cited in the area of internal medicine and basic sciences are good choices, but those cited for "other fields of interests" were chosen for the internists for reference use and not as the best ones for the use of specialists in those fields!

The Annals list will be updated every three years, while the Brandon list is a biennial undertaking. As a result, a significant number of titles appearing on the Annals list will become outdated and out-of-print before its next edition. However, it does an acceptable job of tackling this problem.

Another universal criticism of the Annals list is its complex arrangement. The major divisions include: general internal medicine; subspecialties; basic sciences; and clinical disciplines related to internal medicine and other fields of interest. Within each division there are several subdivisions. A number of the same titles are recommended for different fields and specialties. One of the most important things to remember is that book and journal titles are listed in priority order. Supposedly, if one acquires the first and second titles under

each section, he will have a good core collection of internal medicine materials. The way the Brandon list accomplishes this is to star a select number of titles.

Another small inconvenience is that, unlike Brandon, the Annals list lacks an author index and a single journal title list. But, all in all, the Annals list is a useful selection tool.

EBSCO List[10]

The EBSCO Subscription Services list of "periodical and serial publications" for medical libraries is a unique selection tool. (This is a much smaller edition of their larger, complete *Librarians' Handbook.*) Titles are mainly clinical or clinical/research, but not purely experimental; titles ancillary to medicine are included. The 500 "key titles" for small to medium collections are starred. All titles are coded according to their appearance or coverage in: *Abridged Index Medicus,* Stearns' "core library," the Brandon list, *Index Medicus, Hospital Literature Index,* and the two nursing indexes. The list, which is alphabetic, also includes a list by subject.

This list, therefore, can be used as a cookbook to pre-select potential titles for consideration and examination when large collection gaps must be filled. It readily provides sources of indexing if seemingly similar titles must be compared, and might also find use if subscriptions must be considered for termination.

The usual selection *caveat* applies, of course: cookbooks are dangerous unless used with knowledge, judgment and discernment.

Nevertheless, a good tool to know:

EBSCO Subscription Services
1st Avenue North at 13th Street
Birmingham, Alabama 35203

Indexes and Abstracts

An excellent discussion of some basic tools is that of William K. Beatty, "Searching the literature and computerized services in medicine; guides and methods for the clinician" (*Annals of Internal Medicine,* 91:326-332, 1979). Among the materials covered are: *Index Medicus, Cumulated Index Medicus, Abridged Index Medicus,* and their features and use; NLM computer data bases and their coverage; other computerized services; *Current Contents:* meetings, papers, and proceedings; *Excerpta Medica; Science Citation Index;* and other abstract services and catalogs.

Beatty's material on at least one title needs amplification. *Current Contents/Clinical Practice,* covering over 700 journals, is a current-awareness tool for the practitioner that follows the format of the other *Current Contents* publications. Its usefulness to librarians is as a supplement to *Index Medicus* by bridging the time lag of NLM's indexing. Indexing is

by key word, however, so those searches are most successful where the requester has a good recall of title words, or can summarize the article's key concept concisely. This publication is weekly and costs $165/yr. They also will supply articles (for a price) by agreement with publishers, and maintain a 24-hour "Hot Line" to receive requests.

To identify other specialized indexes, consult *Medical Reference Works,* 1697-1966, and its supplements[11], and *NLM Current Catalog.*

Cumulated indexes to individual journal titles also have a special usefulness, and should be considered carefully for purchase. When the requester can name with certainty the haystack in which the needle has been lost ("I saw it about 2 years ago in *New England Journal*") a quinquennial index to that journal becomes a valuable timesaver compared to the volume indexes or to *CIM.* Whenever a specialty relies heavily on a single journal (or two), or for those journals as popular and heavily-used as *NEJM,* cumulated indexes are worth having. *JAMA,* of course, would also be a good choice.

Recently, a blurb was received for a 3-year cumulative index to five pediatric journals. Unless the library is in a children's hospital, this is an offer to be wary of – and it is hoped that this doesn't represent the start of a trend. There would soon be miscellaneous mini-*CIMs* lying about, and the point will have been lost utterly.

Government Publications

It is an understatement to say that information about government documents can be found in a number of sources. However, the *NLM Current Catalog* and *MEDOC* are two of the best sources in identifying many, if not most, government publications dealing with the health sciences.

National Library of Medicine Current Catalog[12]

After several changes in format, content and title, the *NLM Current Catalog* has become a union catalog for works cooperatively cataloged by the National Library of Medicine, the Francis A. Countway Library of Medicine at Harvard University, and the Upstate Medical Center of the State University of New York.

Presently, it is published monthly with quarterly, annual, and quinquennial cumulations. In addition, proof sheets are issued weekly with monthly title indexes by the Medical Library Association.

Although primarily a cataloging tool, the *NLM Current Catalog* can be an aid in a number of ways, including: bibliographic searches; book citation verification; ordering; and selection. Don't forget its usefulness as an inter-library loan tool! There are undoubtedly several other ways to use the *NLM Current Catalog,* as well.

It may be useful to scan the subject section of the quarterly cumulation under the headings relevant to the hospital's interests and/or clinicians' specialty, noting:[13]

- new or revised editions of books already owned.
- new textbooks in the clinical specialties.
- new tests to support the ongoing research, the continuing education, or the training programs at the hospital.
- books covering new areas of medical interest.

MEDOC[14]

As its subtitle indicates, *MEDOC* is a "computerized index to U.S. Government documents in the medical and health sciences." It is issued quarterly with annual cumulations. *MEDOC* is useful for many of the same reasons that the *NLM Current Catalog* is, such as: bibliographic title verification; interlibrary loans; ordering aid; selection aid, etc.

Its arrangement permits the user to identify a medical document by the Superintendent of Documents (SuDoc) number, title, series number as supplied by the issuing agency, or subject. Each section is color-coded with its own set of page numbers.

The full bibliographic citation includes all expected items, including the appropriate MeSH headings with minor descriptors which can be helpful as a searching tool. As a final word, *MEDOC* is all to medical government documents that the *Monthly Catalog of United States Government Publications* is to all government documents.

Guides to In-Print Publications

Besides their obvious uses in the routine ordering and acquisitions process, catalogs of in-print books provide a survey of the *available* and can suggest possible titles to fill sudden, sometimes desperate needs, either by inter-library loan, on-approval order, or through the publisher's representative. This is hardly an elegant approach to either collection-building or reference service, involving, as it does, blind choice, but when the journal literature and available texts have failed . . . . (Borrowing or buying titles identified through *NLM Current Catalog* is a more informed process, since the tracings give some clues.)

Medical Books and Serials in Print: An Index to Literature in the Health Sciences. New York; Bowker. Annual. 1979 ed., $43.50.

In-print books published or distributed in the U.S., listed by author, title, and subject, plus an international title and subject list of serials (including irregulars and annuals.)

Covers medicine, dentistry, health, nursing, nutrition, veterinary medicine, psychology, psychiatry, behavioral sciences, and "biomedical sciences."

Medical Books '79. Flemington, NJ: Medical Media, 1979. Free from jobbers.

This compilation of selected titles from about 75 publishers covers medicine, dentistry, nursing, veterinary medicine, and allied health. For *small* libraries, it is a useful and adequate substitute for the Bowker catalog.

Publisher's catalogs are sometimes helpful in completing information for titles listed elsewhere as "in press" or "price not set." A sensible collection of the latest catalogs should be kept; names and addresses are available in the two sources listed above.

Associations and Association Publications

Associations are a way of life in the United States. They are constantly being formed for many reasons. Regardless of their reasons for being, associations create, collect, store and disseminate information. In many cases, a library (or something resembling one) may be formed to manage the information. Some are sophisticated enough to hire professional librarians who give the collections shape, visibility and accessibility.

The truth is, however, that most association "libraries" are staffed by secretaries, clerks, receptionists, etc., and usually it is a one-person shop. Even if this is the case, one may be successful more times than not in getting brief inquiries answered.

There are a number of ways to locate these sometimes hidden resources of associations. The following is a listing of the more fruitful sources for locating them. The list confirms the fact that Gale Research Company is a major creator of such sources.

Encyclopedia of Associations: A Guide to National and International Organizations Including: Trade, Business and Commercial; Agricultural and Commodity; Legal, Governmental, Public Administration and Military; Scientific, Engineering and Technical; Educational; Cultural, Foreign Interest, Nationality and Ethnic; Religious; Veteran, Hereditary and Patriotic; Hobby and Avocational; Athletic and Sports; Labor Unions, Associations and Federations; Chambers of Commerce; and Greek Letter and Related Organizations. 14th ed. Detroit: Gale Research, 1980. (Annual) $245.00.

The most comprehensive directory of its kind. It is an annual publication, which consists of: volume 1: National associations of the U.S.; volume 2: Geographic executive index; and volume 3: New associations, a periodic report listing additional associations not included in the first volume.

Kruzas, Anthony T., ed. *Medical and Health Information Directory: A Guide to State, National and International Organizations, Government Agencies, Educational Institutions, Hospitals, Grant-Award Sources, Health Care Delivery Agencies, Journals, Newsletters, Review Serials, Abstracting Services, Publishers, Research Centers, Computerized Data Banks, and Audiovisual Services, and Libraries and Information Centers.* Detroit: Gale Research, 1977. $54.00.

Coverage of subject matter is broad and includes clinical medicine. The emphasis is on the American scene.

Lunin, Lois F. *Health Sciences and Services: A Guide to Information Sources.* Detroit: Gale Research, 1979. $24.00.

Arranged by subjects, one of which is "Medicine – Clinical Sciences." Contains information on publications, data bases, organizations, available to provide information in the health sciences services.

Young, Margaret L., ed. *Directory of Special Libraries and Information Centers: A Guide to Special Libraries, Research Libraries, Information Centers, Archives, and Data Centers Maintained by Government Agencies, Business, Industry, Newspapers, Educational Institutions, Nonprofit Organizations, and Societies in the Fields of Science, Technology, Medicine, Law, Art, Religion, History, Social Sciences, and Humanistic Studies.* 5th ed. Detroit: Gale Research, 1979. $240.00.

Volume 1: Directory of special libraries and information centers in the U.S. and Canada; volume 2: Geographic and personal indexes; and volume 3: New special libraries (a periodic supplement to volume 1).

American Medical Association

This Organization-which-needs-no-introduction has among its functions: lobbying on behalf of its membership generally, setting standards (through the JCAH, and the accreditation of allied health and continuing medical education programs), and publishing. In addition to the *American Medical Directory, JAMA* and the various *Archives of . . .*, the AMA produces many other publications for physicians and patients, listed in two separate brochures. (Specify which when requesting.)

The AMA also maintains one of the larger medical libraries in the country, with 2,200 subscriptions and 40,000 books in clinical medicine alone. Services are "the usual," including a broad range of computerized data bases; however, the library rarely circulates books. Charges to institutions will be considerably higher than charges to physician members for the same service, and the library therefore suggests that requests for service come to it (ostensibly) from physicians when possible.

Information Services

Listed below are four information services whose "products" are not usually printed information. Many similar services exist, sometimes quasi-governmental, often not-for-profit, whose information, data bases, and services are unique, narrow in scope (often), and helpful for the occasional elusive, ambiguous, or time-consuming question. They are jewels beyond price, and as one learns of them one should create a file of their characteristics and capabilities – and then remember to use it!

Poison Control Centers

If none is listed in the phone book, find out! Individual physicians or the emergency room are likely to have used this resource before a question reaches the library. Find out whether this is so – one may want to start or end the search at a Center. The activities of the Centers are coordinated by, and information to them supplied by, the National Clearinghouse for Poison Control Centers, [5401 Westbard Ave., Washington, DC 20016. (301) 496-7691.]

Federal Information Centers

There are 38 centers in the U.S., with 47 other cities linked to them by toll-free numbers. Others presently must use toll call or mail, but national toll-free calling is planned. Staff members are well-trained, helpful, and very knowledgeable about government agencies, programs, and activities. In addition, they have available multitudinous directories and finding aids, and a WATS line. They can answer questions, direct one to appropriate sources of information, or make arrangements to have information or printed material sent. Their attitude is unfailingly that one's questions need answers and that answers can be found: refreshing!

Southern Medical Association Dial Access

This is a system of taped, current information on aspects of treatment in 8 broad specialty, sub-specialty, and disease categories, with more being planned. Subject catalogs appear, as they are available, as tear-outs in *Southern Medical Journal*, or a complete collection may be requested from Southern Medical Association, [2601 Highland Ave., Birmingham, AL 35205.] Tapes run 8-10 minutes, and constitute expert "consultations" for physicians' use. In addition to publicizing this free service, libraries can include the phone number and appropriate tape name(s) and access number(s) when compiling information on patient care questions.

Physicians must give their name and address when calling; a record will be sent to them of time used annually, which can be counted as Category V credit by the American Academy of Family Physicians.

State Boards of Health

Boards of Health have very broad responsibilities, in areas ranging from air pollution to vital statistics. Their greatest usefulness to the librarian with a clinical question, however, would lie generally in the areas where the Center for Disease Control could be helpful: epidemiology, prevention, microbiology (as it might apply to drug therapy), etc. In summary: an occasionally useful resource for clinical questions; perhaps more frequently useful in non-clinical areas.

National Institutes of Health

The National Institutes of Health (NIH) is one of the world's foremost and prestigious biomedical research centers. An agency of the Department of Health and Human Services, NIH is the focal point for federal biomedical research and support of research.

Its mission is "to improve the health of all Americans." To achieve this goal, NIH is divided into eleven "institutes" which are designed to conduct, foster, and support basic and clinical research into the cause, prevention, diagnosis and treatment of diseases.

Each institute collects, prepares, and disseminates information on research progress and on diseases and programs within its general area of interest, to interested scientists, and separately, to the public through regularly scheduled publications and through the utilization of public communications media, exhibits and films.

Each also supports professional education, training, and selected community education projects. This includes improvements and construction of library facilities. Finally, each encourages, sponsors, and organizes meetings, conferences, and symposia on subjects within its area of responsibility to facilitate communication of scientific information.

The institutes are:

- National Cancer Institute
- National Eye Institute
- National Heart, Lung, and Blood Institute
- National Institute of Allergy and Infectious Diseases
- National Institute of Arthritis, Metabolism, and Digestive Diseases
- National Institute of Child Health and Human Development
- National Institute of Dental Research
- National Institute of Environmental Health Sciences
- National Institute of General Medical Sciences
- National Institute of Neurological and Communicative Disorders and Stroke
- National Institute on Aging

Other centers and divisions:

- John E. Fogarty International Center for Advanced Study in the Health Sciences
- Clinical Center

  (The 546-bed referral hospital has facilities and support services for nearly 1,000 physicians who conduct research for 8 of the 11 NIH institutes and for the National Institute of Mental Health.)
- Division of Research Grants
- Division of Research Resources
- Division of Research Services

  (The NIH medical library and translating services are found in this division.)

- National Library of Medicine

(Unlike the NIH library, the NLM is one of our three national libraries. It is the world's largest research library in a single scientific and professional field. It collects, organizes, and makes available biomedical information to investigators, educators, and practitioners, and carries out programs designed to strengthen existing and develop new medical library services in the U.S. It is the central resource for the existing biomedical information system. Its major programs include MEDLARS; MEDLINE; the Lister Hill National Center for Bio-medical Communications; Toxicology Information Program; Grants; National Medical Audiovisual Center; and Regional Medical Library Services.

Family Practice

The American Board of Family Practice, established in 1969, became the first board to require its Fellows to take recertification exams. Not all family practitioners, of course, have completed the Family Practice residency which is prerequisite to board examination, but all nevertheless potentially are considered to be competent to practice the full range of medicine that this present course encompasses, and more, subject only to the varying limitations of state laws, and hospital or medical society regulations. In rural regions, practices are quite broad, while in urban areas specialty competition, personal preference, and hospital regulations tend to limit practice areas.

These are the physicians practicing "primary medicine," that is, it is theoretically they whom most acutely ill persons first see. (In *fact*, primary care – initial or first-level care – is given as at least a small percentage of practice by most physicians, and the practices of both internists and pediatricians may be largely primary care, internists less than pediatricians.) The Family Practitioner then treats, or may consult with a specialist regarding care, and/or refer the patient for treatment.

The Family Practitioner therefore sees *and* treats a fairly predictable core of pediatric and adult acute and chronic illnesses, (low-risk) obstetric cases, and perhaps some surgical conditions, about all of which he frequently requests "the latest", perhaps in response to a journal article or news item, or to a colleague's remark. The Family Practitioner also often requests information on diagnosis (and differential diagnosis), and may ask for brief information relative to cases that he has referred. Pharmacologic questions are also frequent.

Preventative medicine is a bandwagon topic, now that the effects of personal health habits (smoking, etc.) on disability and survival have been well documented. In conjunction with this is some interest in the pathophysiology of stress and in stress-related illnesses. And, of course, *the* hot topic: holistic medicine, with its interest in the whole patient as he exists within his personal and physical environment. To a certain extent, this is "psychosomatic medicine" revisited, and it arouses some strong feelings among more pragmatic (mechanistic?) physicians.

Family Practice and the Brandon List

This specialty appears in the book list as "Internal Medicine" and in the journal list as "Medicine". The starred books are fine *for medicine*, but a list for family medicine needs to reflect the breadth (but uneven depth) of the physician's practice and interests. Pharmacology, infectious diseases, cardiology, gynecology, pregnancy and its complications, pediatrics, geriatrics, and psychosomatics, as well as diagnosis, all need to be well-supported with authoritative textbooks, with additional specialties and internal medicine subspecialties

being adequately served by twenty-dollar synopses of the Lange type (which are generally *very* good).

The journal list has apparently been starred for internal medicine. A core family practice list might include: *American Family Physician, JAMA, Medical Clinics of North America,* and certainly the unstarred *Postgraduate Medicine.* Also *Emergency Medicine,* which is especially popular with residents; it is not indexed in *Index Medicus,* but publishes its own *very* detailed index.

For one account of a *practice-based* collection in use, see "The Development and Use of a Small Reference Library Collection for a Rural Practice" (*BMLA* 67(2):218-25, 1979). A similar longer list is the "Suggested Core Library List for Family Medical Centers, 1976" (*Canadian Family Physician* 22:197-116, 1976), which lists 116 books and a handful of journals. Hospital librarians are sometimes asked to help in the creation of such collections, and these lists (and the Holoweiko list, "Selected References") remind us that practice-based collections exist for different reasons than do hospital collections.

Family Practice and the Annals List

The most valuable section is that on Therapeutics, all of whose titles are useful.

Family Practice Literature

Textbooks and Monographs

Bakwin, Harry and Ruth Morris Bakwin. *Behavior Disorders in Children.* 4th ed. Philadelphia: Saunders, 1972. $23.00.

Hall, Jack H. and Jack D. Zwemmer. *Prospective Medicine.* 2nd ed. Indianapolis: Methodist Hospital, 1979.

First edition called *How to Practice Prospective Medicine.*

Kimming, Joseph and Michael Janner. *Pocket Color Atlas of Dermatology.* Chicago: Year Book, 1975. $16.95.

A good field guide to skin diseases. Popular; keep it locked up.

Lurie, Hugh J. *Clinical Psychiatry for the Primary Physician.* Belvedere, NJ: Roche Laboratories, 1976. Free.

Brief, readable, current.

Mayerson, Evelyn W. *Putting the Ill at Ease.* New York: Harper & Row, 1976. $12.95.

How to speak and listen to, and observe accurately, the patient whose need is for caring.

Serials

CA—A Cancer Journal for Clinicians. New York: American Cancer Society, 1950-. Bimonthly. Free.

Monographs in Family Medicine. New York: Grune and Stratton.

A holistic approach to diagnosis, treatment, and rehabilitation of "diseases, conditions, and behavioral problems."

Primary Care. Philadelphia: Saunders, 1974-. Quarterly. $25.00.

The publisher is going after a new market with a "Clinics" spin-off heavy on diagnosis and ambulatory and preventive medicine. Up to "Clinics" standards, with excellent lists of recent references.

Seminars in Family Medicine. New York: Grune and Stratton, 1980-. Quarterly. $24.50.

Obstetrics and Gynecology

It might appear that clinicians who confine their professional activities to the treatment of women (obstetrics) and the physiology and the pathology of the female reproductive organs in the non-pregnant state (gynecology) are limiting their practices rather severely. On the contrary, obstetricians and gynecologists must be familiar with many fields of medicine because their patients vary in age from those newly born to senescent women. It is possible for women with medical conditions such as hypertension, tuberculosis, rheumatic heart disease, diabetes, multiple sclerosis, and a host of others to conceive, and all manner of acute medical and surgical conditions may develop during pregnancy.

Like most other clinicians, obstetricians and gynecologists must be able to recognize the emotional problems that so frequently manifest themselves in sexual disorders. A comprehensive approach, by which the emotional and physical functions of the patient as a whole are considered, is more important when dealing with pregnant women and those with gynecologic disorders than in almost any other branch of medicine.

Obstetrics and Gynecology and the Brandon List

An excellent list of titles, both books and journals.

Obstetrics and Gynecology and the Annals List

Obstetrics and gynecology are treated appropriately as "specialties of interest to the internist." Four of the 8 books also appear on the Brandon list. The selections for internists are very suitable for specialists who need first choices for acquisitions and/or reference.

Obstetrics and Gynecology Literature

Several influences have affected the discipline of obstetrics and gynecology. Principal among them are new technology, such as fetal monitoring; delivery systems for maternal and child care, like regional planning; the "humanization" of the specialty, namely home delivery trends and hospital "birthing" rooms; and population control, especially abortion.

Materials published in the last few years reflect these influences. Books and articles are being devoted to lowering perinatal mortality, especially fetal mortality, and to the needs of the modern woman who is actively interested in her total health care. Be prepared to deal with a wide range of questions, such as the utilization and adverse effects of new technology; management of pregnancy complications related to disease, stress, nutrition and drugs; adolescent pregnancies; fetal monitoring, etc.

Serials

Clinics in Perinatology. Philadelphia: Saunders, 1974-. Semiannual. $18.00.

Contemporary OB/GYN. New York: McGraw-Hill, 1973-. Monthly.

Obstetrical and Gynecological Survey. Baltimore: Williams & Wilkins, 1946-. Monthly. $30.00.

Year Book of Obstetrics and Gynecology. Chicago: Year Book, 1933-.

Indexes and Abstracts

Excerpta Medica. Section 10: Obstetrics and Gynecology. Amsterdam: Excerpta Medica, 1948-. 20/yr. $210.00.

Associations and Association Publications

American College of Obstetricians and Gynecologists. [One E. Wacker Drive, Chicago, IL 60601.] A professional organization of physicians specializing in childbirth and diseases of women. It sponsors a continuing professional development program. Its main publication is *Obstetrics and Gynecology,* monthly. Its library (resource center) has materials on obstetrics, gynecology, medical socio-economics, and medical education. Its services include: interlibrary loans; open to the public by appointment. The library is a member of the Midwest Health Science Library Netowrk.

American Association for Maternal and Child Health. [P. O. Box 965, Los Altos, CA 94022.] Interprofessional organization of obstetricians, generalists, pediatricians, anesthesiologists, public health MD's; maternity, public health and pediatric nurses; nurse anesthetists; social service workers; nutritionists and dietitians; hospital administrators, etc. Its publication is the *American Baby.*

Information Services

Population Information Program (PIP). [George Washington University Medical Center, 2001 S Street, N.W., Washington, DC 20009.] The data base, which is updated semimonthly, contains bibliographic citations, abstracts, and index terms for world literature – both published and unpublished studies – on contraceptive technology, family planning programs, and population. It was started in 1974, and on-line access is available through Informatics, Inc. [6000 Executive Boulevard, Rockville, MD 10852.]

Pediatrics

Most medical specialties deal with an organ system, a disease, a biological process or a method or system of care. Pediatrics is unique because it is oriented toward the comprehensive and continuing health care of the population it serves – children.

The questions that arise from pediatricians reflect a broad spectrum of interests and goals. There is a continuing interest in the "quality of the child's life" and a growing specialization within the field.

Pediatricians and others caring for children find themselves called upon more and more to advise in the management of disturbances of behavior or on relationships between child and parent, child and school, or child and community. Since 1910 a White House Conference on Children has been held each decade.

The growth of specialization within the field has been significant. Interests in problems of age groups of children have created neonatology and adolescent medicine. Interests in organ systems have created pediatric cardiology, allergy, hematology, nephrology, gastroenterology, pulmonology, and endocrinology, and pediatricians with interests in metabolism and genetics. Interests in the care system have led to pediatricians primarily devoted to ambulatory care or intensive care. Finally, multidisciplinary subspecialties have grown up around problems of handicapped children to which pediatrics, neurology, psychiatry, psychology, nursing, physical and occupational therapy, special education, speech therapy, audiology, and nutrition all make essential contributions.

Although the vast majority of pediatricians are generalists, as many as 25% claim an area of interest. The development of such areas of special interest is particularly likely among those who practice in groups.[14]

Pediatrics and the Brandon List

The number of titles is admirable. However, pediatric titles are listed in a number of places, including under the heading, "Pediatrics."

Pediatrics and the Annals List

Pediatrics is treated properly as "a discipline closely related to Internal Medicine." The result of handling it this way is that not much is cited – to be exact, under "Pediatrics" there are two books and two journals; several additional titles can be found under "Pediatric Electrocardiography" and "Adolescent Medicine."

Pediatrics Literature

The amount of information relevant to child health care doubles about every ten years. Clinicians are more and more dependent upon one another for assurance of the highest quality of care for their patients. Pediatricians are increasingly gathering themselves into groups

within which each physician may develop some individualized knowledge and skills. As a result, the literature reflects this trend toward specialization.[18]

Textbooks and Monographs

Bergsman, Daniel, ed. *Birth Defects Compendium.* 2d ed. New York: Alan R. Liss, 1979. $50.00.

Data on 1,005 birth defects, 3,000 references to the literature, and contributions from 425 authors from 24 countries.

Johns Hopkins Hospital. *The Harriet Lane Handbook: A Manual for Pediatric House Officers.* 8th ed. Chicago: Year Book, 1978.

This handy pocket-size manual provides practical information on the treatment of children.

Klaus, Marshall H. *Care of the High Risk Neonate.* 2d ed. Philadelphia: Saunders, 1979.

Redo, S. Frank. *Principles of Surgery in the First Six Months of Life.* Hagerstown, MD: Harper & Row, 1978.

Covers the congenital anomalies and problems during the first six months of life which require surgical intervention.

Sell, Elsa J. *Follow-up of the High Risk Newborn: A Practical Approach.* Springfield, IL: Thomas, 1980. $29.75.

Provides practical information for persons involved in the follow-up of intensive care nursery survivors.

Shirkey, Harry C. *Pediatric Dosage Handbook.* Washington, DC: American Pharmaceutical Association, 1980. $15.00.

A discussion of dosage, particularly as applied to infants and children, complete with a table of pediatric dosages related to body weight and to body surface area.

Serials

Advances in Pediatrics. Chicago: Year Book, 1942-. Annual.

Indexed in *Index Medicus.*

Clinics in Perinatology. Philadelphia: Saunders, 1974. Semiannual.

Offers a body of literature which bridges an important gap between publications devoted solely to basic scientific research and those catering to clinical matters treating the techniques and applications of knowledge.

Current Problems in Pediatrics. Chicago: Year Book, 1970-. Monthly. $30.00.

Indexed in *Index Medicus.*

Journal of the Association for the Care of Children in Hospitals. Thorofare, NJ: Charles B. Slack, 1971?-.

Promotes transdisciplinary planning, stimulates research, and encourages cooperation.

Mead Johnson Symposium on Perinatal and Developmental Medicine. Evansville, IN, Mead Johnson Laboratories, 1972-.

Since 1972 this continuing series has provided a comprehensive overview of scientific and medical advances important to perinatal medicine.

Indexes and Abstracts

Combined Cumulative Index to Pediatrics, 1976-1978. Buffalo, NY: Numarc Book Corp.

A single reference source for the six most widely read pediatric journals. To be published at 3-year intervals with annual supplements. Not really necessary in libraries with major indexes like *Index Medicus.*

Excerpta Medica. Section 7. Pediatrics and Pediatric Surgery. Amsterdam: Excerpta Medica, 1947-. 20/yr. $231.00.

An international abstracting service for pediatric journals.

Associations and Association Publications

American Academy of Pediatrics. [1801 Hinman Avenue, Evanston, IL 60204.] Professional society of medical doctors engaged in the health care and medical treatment of children. Its publications include: *Pediatrics,* monthly, and numerous monographs. It maintains a library whose subjects include: pediatrics, health and medical education, manpower, and accident prevention. Among the library's services are interlibrary loans and copying.

Association for the Care of Children in Hospitals. [P. O. Box H, Union, WV 24983.] Multidisciplinary association which deals with the emotional and developmental needs of children and their families in health care settings. Its major publication is the *Journal of the*

Information Services

National Institute of Child Health and Human Development. [9000 Rockville Pike, Bethesda, MD 20014.] Conducts and supports biomedical and behavioral research on child and maternal health, problems of human development (with special reference to mental retardation), and family structure, the dynamics of human populations and the reproduction process. Information related to these research findings is disseminated to other researchers, medical practitioners, and the general public to improve the health of children and their families.

General Surgery

As with family medicine, this practice area tends to be broad in rural areas and more circumscribed (by law, regulation and custom) in urban areas. The operative word in general surgery is "general." It laps – more, or less – into other specialties: colon and rectal, gynecology, (limited) orthopedics, pediatrics, (limited) rehabilitation, (limited) plastic, and urology. The general surgeon will *not* be doing open-heart surgery, major ophthalmic or ENT surgeries, or neurosurgery. Surgeons tend to be precise and meticulous in stating their information needs, and are also nearly always willing to "complete the picture," literally, by dashing off a quick sketch of a procedure or anatomical site to clarify their questions.

Besides this obvious interest in anatomy and in operative techniques or procedures (often eponymic – try and get the correct spelling!) surgeons have an interest both academic and practical in pathology. It is the pathology report, after all, that will corroborate the surgeon's preoperative diagnosis, identify the tissues or structures removed, and (for neoplasms) confirm the adequacy of the procedure. (For this reason, surgeon and pathologist may often pose identical questions to the library regarding the same case.) Other frequent questions concern: diagnosis and diagnostic procedures (especially radiologic), coexisting preoperative disorders of the patient that may complicate or preclude surgery, postoperative complications, and parenteral nutrition.

Interest in microsurgical techniques continues to gain momentum.

Surgery and the Brandon List

The book list is unsatisfactory and needs revision. Books on surgical specialties are now sometimes listed with the specialty and sometimes in the surgery section; the former practice is probably preferable, leaving the surgery list for general surgery only. All of the American College of Surgeons titles and Artz (450) should also be starred, as well as the pediatric surgery set (465) and the minor-surgery text (471). Look for a proliferation of titles in microvascular surgery; there is presently no universally recommended text.

A book (or books) on cancer is a *must*. Del Regato (308), Holland (304), and Nealon (307) are all good. Recency is extremely important in oncology, though perhaps somewhat less so in surgical rather than medical oncology. It would be well to budget so that the library always owns at least one major cancer text no more than two years old.

Atlases are necessary, unavoidable purchases; all on the list are fine. In addition, atlases are needed to support the most frequent surgical diagnoses that the hospital handles, as well as those on surgical technique. When buying outside the basics, follow surgeons' suggestions or purchase on-approval for surgeons to review.

Textbooks of anatomy also fill a reference function. *Grant's Atlas of Anatomy* (5) is probably the preeminent choice today.

The inclusion of the proposed second edition of Hill's *Outpatient Surgery* (458) might be questioned.

General Surgery Literature

Textbooks and Monographs

Cooley, Denton A. and Don C. Wukash. *Techniques in Vascular Surgery.* Philadelphia: Saunders, 1979.

Coulson, Walter F., ed. *Surgical Pathology.* Philadelphia: Lippincott, 1978. (2 volumes) $110.00.

A popular new competitor to Ackerman (Brandon, 346).

Del Regato, Juan A. and Harlan J. Spjut. *Ackerman and Del Regato's Cancer: Diagnosis, Treatment, and Prognosis.* 5th ed. St. Louis: Mosby, 1977. $67.50.

A good basic volume on cancer for any physician's use.

Friesen, Stanley R. and Robert E. Bolinger. *Surgical Endocrinology: Clinical Syndromes.* Philadelphia: Lippincott, 1978. $27.00.

Gans, Stephen L. *Surgical Pediatrics.* New York: Grune & Stratton, 1972. $36.00.

Supportive pre- and post-operative care.

Lawrence, Walter Jr. and Jose J. Terz. *Cancer Management.* New York: Grune & Stratton, 1977. $38.50.

The authors are surgeons.

Schein, Clarence J. *Postcholecystectomy Syndromes: A Clinical Approach to Etiology, Diagnosis and Management.* New York: Harper & Row, 1978. $27.50.

Schackelford, Richard T. *Surgery of the Alimentary Tract.* 2nd ed. Philadelphia: Saunders, 1978–. (Vol. 1, *The Esophagus)* $57.50.

A projected 9 vol. set.

Varco, Richard L. and John P. Delaney. *Controversy in Surgery.* Philadelphia: Saunders, 1976. $30.75.

A good state-of-the-art summary.

White, Thomas T. and Cameron Harrison. *Reoperative Gastrointestinal Surgery.* 2nd ed. Boston: Little, Brown, 1979. $38.50.

Indexes and Abstracts

Atlases, previously discussed, form an important body of reference books in surgery. Textbooks of anatomy also fill a reference function, with *Grant's Atlas of Anatomy* (Brandon, 5) probably the preeminent choice today.

Cumulative indexes to *Surgery, Gynecology and Obstetrics (SG&O)* are available.

Associations and Association Publications

American Board of Surgery. [1617 JFK Blvd., Philadelphia, PA 19103.] The certifying board for general surgery also certifies special competence in pediatric surgery and maintains a committee on vascular surgery. (For a discussion of voluntary recertification of surgeons and physician continuing education, see "Why recertification?" *Archives of Surgery*, 115: 11-14, 1980.)

American College of Surgeons. [55 E. Erie, St., Chicago, IL 60611.] Mainly concerned with elevating standards of education and practice, with a special interest in improvement of emergency services and cancer programs. Produces the four surgical manuals listed in Brandon (and available from Saunders) as well as other books, pamphlets, and films. Journals are *Surgical Forum* (research papers), the essential *SG&O*, and the very useful *Bulletin*, which contains, in addition to College news, clinical information, committee reports, and position statements. A publications list appears regularly; there is an annual index.

Internal Medicine

There is some blurring in the comparative practice patterns of general internists and the subspecialty practitioners, but *in general,* internists practice adult medicine (with some portion of the practice devoted to at least one subspecialty.) They may see patients referred by others, or may provide primary care. Patients seen by internists may be older persons with multiple problems, and patient problems are, by inference, often severe, given that internists spend 50% of their work week in hospitals.[14]

Internists as patrons share several interesting characteristics. They are master diagnosticians, with an encompassing knowledge of medicine. They are often meticulous of thought (and, incidentally, of person). Their questions may be about less common disorders, and their patients are, indeed, often very, very sick, giving rise to questions about management of complications, new or experimental drugs, etc. But because they sometimes treat uncommon disorders, they may of necessity use older literature, (if that is all that is available). They are uncommonly fond of review articles, and more willing than others to confront a 20-page article.

Some current interests of internists, as reflected in the program of the 1980 annual meeting are: mitral valve prolapse, viral hepatitis, peptic ulcer disease and "mild" hypertension.

Internal Medicine and the Brandon List

The "Bibles," Beeson (182) and Harrison (184) a[illegible] there – they *are* the textbook literature in medicine. (Try to afford both, to cater to personal preference.) Harvey (185) is fine, but appeals mainly to medical students. The inclusion of emergency and family medicine here is apparently a convenience to the compiler, since internists would have rare use for either. For the other categories (subspecialties) that flesh out internal medicine, and for convenience and authoritativeness, turn straight to the Annals list (see under Literature Guides, p.12).

Internal Medicine Literature

After one has acquired "the Bibles," the whole problem of the subspecialty literature looms, for it is that literature that fleshes out the summaries, adequate as they are, which are Harrison and Beeson. Use the table of contents of either (for subject areas) in conjunction with Brandon and/or the Annals list, as a buying guide to create an adequate collection of reference texts.

Textbooks and Monographs

Mayerson, Evelyn W. *Putting the Ill at Ease.* New York: Harper & Row, 1976. $12.95.

Perhaps the best book on caring for, talking with, listening to patients. Recommended

for all students, residents, and physicians, but a hard book to "sell" to people mainly concerned with electrolytes and such.

Washington University. Department of Medicine. *Manual of Medical Therapeutics.* 23d ed. Boston: Little, Brown, 1980.

A "pocket" manual, well known and well-used by residents, but liable to be stolen.

Serials

Advances in Internal Medicine. Chicago: Year Book, 1954—.

Short review articles grouped into 20 or so general "timely topics" ranging from drugs, drug metabolism, physiology and pathophysiology, to diseases and their treatment. Usually well-edited and well-written.

Scientific American Medicine. New York: Scientific American Illustrated Library, 1978—. $150.00; monthly (discount library price)

A loose-leaf service with regular updates, covering 15 areas of internal medicine. Also offers, free to physician-subscribers and for a price to house staff, approved Category 1 CME credits. The "best and the brightest" on staff are interested.

Year Book of Medicine. Chicago: Year Book, 1933-.

Abstracts/condensations from the international journal literature, each accompanied by editorial commentary. The latter is probably the best feature of this series.

Associations and Association Publications

American College of Physicians. [4200 Pine St., Philadelphia, PA 19104.] Sponsors continuing education courses, and numerous regional meetings, in addition to the very influential *Annals of Internal Medicine* (monthly). A regular feature in the *Annals* carries the running title "The Literature of Medicine," annotated bibliographies of recent articles from "readily accessible" journals. A collective reprint published in April, 1980 includes 15 of the bibliographies (Jan. '79 – Mar. '80), the Annals list, and the Beatty "Searching the literature" article (see "Selected References"). [Order from the College; single copies $6.25 prepaid.]

Critical Care Medicine

The provision of critical care (intensive care) is highly multidisciplinary, involving surgeons, anesthesiologists, and internists (particularly nephrologists, cardiologists, and pulmonary specialists), nurses, and allied health personnel, working together on sophisticated monitoring, planning and intervention.

These patients have serious, possibly life-threatening, illness or trauma, or complicated pre- or post-surgical conditions. Broadly, they may receive, in various combinations the rationale for which may change hourly, transfusions, antibiotics, dialysis, metabolic care and respiratory support.

Overwhelming sepsis remains the single greatest cause of death.

Textbooks and Monographs

Abels, Linda F. *Mosby's Manual of Critical Care.* St. Louis: Mosby, 1979.

Written by an R. N., it is designed as a basic technical reference.

Schwartz, George R., ed. *Principles and Practice of Emergency Medicine.* Philadelphia: Saunders, 1978. (2 volumes) $75.00.

Skillman, John Joakim. *Intensive Care.* Boston: Little, Brown, 1975. $26.50.

Smith, Clement A., ed. *The Critically Ill Child: Diagnosis and Management.* 2d ed. Philadelphia: Saunders, 1977. $14.50.

Wilkins, et. al. *MGH Textbook of Emergency Medicine: Emergency Care as Practiced at the Massachusetts General Hospital.* Baltimore: Williams & Wilkins, 1978. $52.50.

Serials

Critical Care Medicine. Baltimore: Williams & Wilkins, 1973—. Bimonthly. $17.50.

Critical Care Quarterly. Germantown, MD: Aspen Systems, 1978—. Quarterly. $29.95.

Heart and Lung: The Journal of Critical Care. St. Louis: Mosby, 1972—. Bimonthly. $27.75.

Associations and Association Publications

Society of Critical Care Medicine. [Box 3158, Anaheim, CA 92803.] Publishes *Critical Care Medicine.* The Society is seeking approval by the American Board of Medical Specialties of a subspecialty board in critical care. Its purpose is to "improve the care of patients with acute life-threatening illnesses and injuries and to provide optimal facilities for this purpose."[16] It also commits itself to developing educational programs for the physician-trainee and to standards of practice.

Cardiology

Cardiovascular diseases are the cause of approximately 1,000,000 deaths per year in the United States, more than half the total deaths from all causes. They are also the cause of disability in a larger fraction of the living population than any other group of chronic conditions. Cardiology is the largest subspecialty of medicine.

The clinican seeks an understanding of the pathologic physiology of both common and uncommon cardiac disorders, as well as their clinical features, diagnostic approach, and current management. As one would suspect, the cardiologist's questions are very narrow and pointed.

There is a growing interest in graphic recording, including phonocardiography, echocardiography, ultrasonics, improved electrocardiography, etc. Perhaps this may be attributed to the charging new surgeons who moved dramatically to solve many of the anatomic problems responsible for heart disease.

Cardiology and the Brandon List

From a general point of view, the Brandon list does an amiable job in identifying books and journals in the area of cardiology for small and medium-sized health sciences collections. However, there are some obvious gaps that are pointed out below.

Hypertension, cardiac rehabilitation, and stress testing are current topics among cardiologists, and should be represented in the Brandon list.

Cardiology and the Annals List

The Annals list is based on a survey of academic and practicing physicians who recommended books and journals that are and/or should be useful to internists. Because cardiology is the largest subspecialty, a special study was done in cardiology and electrocardiography. As a result, there is a proliferation of titles, subheadings and divisions. Repetition is common. All of this tends to make the list confusing and unwieldy at times.

Lists are handy, but once published they become out-of-date quickly. A significant number of cited titles have been revised and updated since the Annals list was issued. Neither the Brandon list nor the Annals list cite new titles that have potential or have proved themselves.

Cardiology Literature

The field of cardiology does not lack published literature. A proper statement would be that there is an enormous amount of book and journal information on cardiology. Authoritative lists, such as the Brandon list and the Annals list, are helpful in locating the most useful titles. However, frequent talks with patrons, health sciences librarians, and publishers

turn up new titles of interest. Daily perusal of publishers' catalogs, flyers and current biomedical journal literature (especially book reviews) is essential in finding new editions and new works.

Textbooks and Monographs

Materials published before 1977 in the area of exercise function testing and physiology should *not be purchased.* This area is presently under controversy. Arteriosclerosis is another area in which a great deal of research is going on.

Abel, Francis L. and E. P. McCutcheon. *Cardiovascular Function: Principles and Application.* Boston: Little, Brown, 1979. $35.00.

Introduces reader to instrumentation, control systems, data processing, venous return and regulation. Authors have included an appendix containing workable analog computer circuits and digital computer programs in current use.

Chung, Edward K. *Exercise Electrocardiography: Practical Approach.* Baltimore: Williams & Wilkins, 1979. $30.00.

New York Heart Association. *Nomenclature and Criteria for Diagnosis of Diseases of the Heart and Great Vessels.* 8th ed. Boston: Little, Brown, 1979. $13.95.

Netter, F. H. *Heart.* (CIBA Collection of Medical Illustrations, Vol 5.) Summit, NJ: CIBA Publications, 1974. $33.00.

It is mentioned in the Annals list but not as a specialized reference tool.

Serials

There are numerous cardiology journals. Those cited in the Brandon and Annals lists are the most often used because they yield the best results in answering most clinicians' questions.

In addition to the general cardiology journals, there are many, many specialized heart journals, such as *Echo Digest, Journal of Clinical Ultrasound, Cardiac Rehabilitation, Pace, Stroke,* etc.

Atherosclerosis Reviews. New York: Raven Press, 1975—. Irregular. (price varies)

Designed as a reference service for clinicians and biologists interested in research and clinical application dealing with artherosclerosis and its complications.

Cardiovascular Clinics. Philadelphia: Davis, 1969—. 3 volumes/year. $35/volume.

An on-going series that extends concepts in the diagnosis and management of a wide range of cardiovascular disorders. A select number of individual titles is mentioned in the Annals list, but the series itself is not highlighted.

Cardiovascular Diseases. Houston: Texas Heart Institute, 1973–. Quarterly. Free.

Published quarterly with an occasional supplementary issue.

Heart and Lung: The Journal of Critical Care. St. Louis: Mosby, 1972–. Bimonthly. $27.75.

Sponsored by the American Association of Critical-Care Nurses, but is also useful to clinicians. The majority of the articles describe investigations, advances and observations regarding care of the critically ill patient.

Modern Concepts of Cardiovascular Disease. New York: American Heart Assoc., 1932–. Monthly. Free.

Although it is mentioned in the Annals list, it is worth citing again. The journal is a concise monthly review of one cardiovascular subject written by an authority. It is free from your local heart association, and is indexed in *Index Medicus* and *Chemical Abstracts.*

Indexes and Abstracts

Excerpta Medica. Section 18: Cardiovascular Diseases and Cardiovascular Surgery. Amsterdam: Excerpta Medica, 1957–. 20/year. $231.00.

An abstracting service for cardiovascular diseases.

Associations and Association Publications

American College of Cardiology. [9111 Old Georgetown Road, Bethesda, MD 20014.] A professional society of physicians, surgeons, and scientists specializing in cardiologic (heart) and cardiovascular (circulatory) diseases. It maintains the Heart House Learning Center which contains a library, continuing education facilities, MEDLINE, and audiovisual materials. The major publication of the College is the *American Journal of Cardiology.*

American Heart Association. [7320 Greenville Avenue, Dallas, TX 75231.] The Association has a number of state and local groups; its membership includes physicians, scientists and laymen. One of its purposes is to support research, education and community service programs with the objective of reducing death and disability from heart and blood vessel diseases. It maintains a library, which is called National Center Library. Interlibrary loan service is available. Among its publications are: *Circulation, Circulation Research, Modern Concepts of Cardiovascular Disease, Stroke, American Heart,* and *Heart Research Newsletter.*

Information Services

National Heart, Lung and Blood Institute. [9000 Rockville Pike, Bethesda, MD 20014.] It has the primary responsibility for the scientific investigation of heart, blood vessel, lung and blood diseases as well as the management of our nation's blood resources.

Gastroenterology

Clinicians in this subspecialty of internal medicine are concerned with the functions, dysfunctions, and diseases of the gastrointestinal system. G. I. sub-systems (e.g., esophagus, liver and biliary tract, etc.) present distinctive questions, and clinicians may confine their practice, and consequently their questions, to a single sub-system.

Diagnostic questions may overlap into the radiologic literature, and treatment into the literature of surgery. This specialty has an interest in biochemistry, metabolism, pathophysiology, and similar areas, as well as "the usual": diagnosis and treatment. Reference interviewing should definitely elicit from these clinicians the subheadings which are of interest.

Questions often relate to functional disorders (those for which no structural cause is known), to neoplasms, or to diet. Questions on disorders secondary to G. I. surgery are common, and may come from gastroenterologists or surgeons.

Endoscopy is a booming G. I. diagnostic and treatment technology, with a growing literature.

Gastroenterology and the Brandon List

The list includes medical and surgical texts. Bockus (101) is expensive and essential, although at least one reviewer considers the 1-volume, unstarred Spiro (109) to be *the* text. Goodhart (90) is a good diet book and Krause (91) is also very useful; White (31) is fine for biochemistry; for immunology Gell (173) is probably a better source of *clinical* information than Samter (176); for physiology the unstarred Guyton (398) and Sodeman (401) are often preferred. Journals: *Digestive Diseases and Sciences* is useful but optional. *Gut* is British; useful if G. I. questions are common. *Gastroenterology*, a publication of the American Gastroenterological Association, is essential. *Diseases of the Colon and Rectum* should be purchased if possible, although some articles are not of the highest quality.

Gastroenterology and the Annals List

Of the in-depth books for the clinician, *Inflammatory Bowel Disease* and *Viral Hepatitis* would be especially useful, but the latter will become quickly outdated because of the volume of research presently. *Metabolic Basis of Inherited Disease* is a work-horse title, essential to all areas of internal medicine.

Some of the in-depth journal titles may be research oriented – this should be checked carefully before purchase.

Nutritional Support of Medical Practice (Annals "Nutrition" section) is also frequently useful.

Gastroenterology Literature

Textbooks and Monographs

Handbook of Physiology. Section 6: Alimentary Canal. Baltimore: Williams & Wilkins for the American Physiological Society, 1967-68. (5 volumes) $144.50.

Maxwell, Morton H. and Chas. R. Kleeman. *Clinical Disorders of Fluid and Electrolyte Metabolism.* 3rd ed. New York: McGraw-Hill, 1979. $60.00.

Wright, Hastings K. and M. David Tilson. *Postoperative Disorders of the Gastrointestinal Tract.* New York: Grune and Stratton, 1973. $23.75.

Associations and Association Publications

American Digestive Disease Society. [420 Lexington Ave., New York, NY 10017.] Physicians and laymen. Supports educational and informational programs, acts as an information clearinghouse, recruits and trains students and physicians. (Publication: *Living Health,* monthly.)

Hematology

The scope of hematology, or the study of blood, has broadened since it first appeared as a subspecialty. It now encompasses broad aspects of cytology, biochemistry, molecular biology, bio-physics and immunology.

Clinicians generally agree that precise diagnosis is essential for planning of treatment and for the assessment of prognosis. While this is true of every branch of medicine, it is of special importance in hematology.

Primary hematologic diseases are uncommon, while hematologic manifestations secondary to other diseases occur frequently. For example, the signs and symptoms of anemia are common clinical findings that may be related to hematologic disease, but they occur even more frequently as secondary manifestations of disorders not considered primarily hematologic. In other words, a wide variety of diseases may produce signs or symptoms of hematologic illness.

Hematology and the Brandon List

More times than not, the Brandon list presents a good array of medical titles for the specialties and subspecialties. This holds true for hematology. It is obvious at first glance that the standard and/or accepted textbooks on blood and its diseases have not been updated or revised as recently as many of the other areas of medicine.

Hematology and the Annals List

As one would suspect, the Annals list is a little more extensive because hematology is a subspecialty of internal medicine. Its notation of hematologic journals is impressive, Brandon only cites one.

Hematology Literature

Because of the expanded scope of hematology, its recent literature reflects in-depth book chapters and journal articles on drugs and drug therapy, which often induce or aggravate hematologic disease; exposure to chemicals in cosmetics and the occupational environment; immunodeficiency, etc.

Although some clinical hematologic disorders require complicated laboratory procedures before a final diagnosis can be established, it is clear that the hematologist must perform these studies as part of an evaluation of all aspects of the patient's illness, and not as an investigation of a single organ system. As a result, many of the questions fielded by hematologists are extremely complicated. Be prepared to find answers dealing with unwieldy laboratory procedures and strange, new drugs as well as hematologic diseases and those that imitate them. You may also have to locate esoteric journals, and, sometimes, foreign ones.

Textbooks and Monographs

Bishop, Charles, ed. *Overview of Blood.* Buffalo, New York: Blood Information Service, 1978. $10.00.

Describes all aspects of blood in concise manner according to a hierarchic outline.

Serials

Current Literature of Blood. Buffalo, New York: Blood Information Service, 1968—. Weekly. $60.00.

Computerized list of references (150-200 a week) on blood from journals in various languages.

Indexes and Abstracts

Excerpta Medica. Section 25: Hematology. Amsterdam: Excerpta Medica, 1967—. 20/year. $231.00.

Leukemia Abstracts. Chicago: Research Information Service, John Crerar Library, 1953-. Monthly. Free.

Fibrinolysis, Thrombosis, and Blood Clotting. Bethesda, MD: National Heart, Lung, and Blood Institute, 1965—. Monthly.

A recurring bibliography of the MEDLARS program. Annual cumulations.

Associations and Association Publications

American Association of Blood Banks. [1828 L Street, N. W., Washington, DC 20036.] Membership includes community and hospital blood banks, physicians, nurses, technologists, administrators and others interested in blood banking and transfusion therapy. Its main publication is the bimonthly *Transfusion.*

American Society of Hematology. [c/o Thomas B. Bradley, MD, Veterans Administration Hospital, 4150 Clement Street, San Francisco, CA 94121.] Promotes exchange of information and ideas related to blood and blood-forming tissue and investigation of hematologic problems.

Information Services

Blood Information Service. 508 Getzville Road, Buffalo, NY 14226.] Aim is to accumulate the world literature on blood for dissemination and utilization. Prepares *Current Literature of Blood (CURLIT), Overview of Blood,* and special bibliographies.

National Heart, Lung, and Blood Institute. [9000 Rockville Pike, Bethesda, MD 20014.] It has the primary responsibility for the scientific investigation of heart, blood vessel, lung and blood diseases as well as the management of our nation's blood resources. One of its main publications is *Fibrinolysis, Thrombolysis, and Blood Clotting,* a monthly recurring bibliography.

Infectious Diseases

Infectious diseases are considered to be those caused by bacteria, fungi, viruses, or parasites.

Physicians are concerned with infections for many reasons:

1. They may treat acute illnesses, or attempt to limit spread of disease.
2. They may operate on infected persons, or be concerned with control of surgical infections.
3. Physicians who admit patients to hospitals, as well as hospital administrators and infection control committees, are concerned about hospital infections (nosocomial infections).

Infectious disease questions may overlap into such areas as pathology, epidemiology, or pharmacology, and may present as questions on: causative organisms; clinical course; prevention of spread and the usefulness or limitation of drug therapy.

In handling questions in infectious disease, it is especially important to confirm the spelling of organism names, though "correct" spellings may still vary. References to some are elusive: textbook and monograph indexes should be combed carefully, sometimes under a more general taxonomic term, and older books should be retained for this purpose. Where no reference can be found, a free-text MEDLINE search may be useful (but deadlines often prohibit accessing backfiles). In some cases differences in behavior among the species of a genus are so small that information on genus behavior may be adequate.

Note that the treating physician does not want lab articles unless treatment recommendations are made, or can be confidently inferred. He does *not* want to know better ways to grow viruses, to re-combine them, or to assay them: *he wants to make them go away.*

Infectious Diseases and the Brandon List

The section on infectious disease is sufficiant. The microbiology section includes a mix of clinical and lab books which should be examined closely if buying for clinical questions. Pharmacology section is adequate, if a little lacklustre. The starred title in preventive medicine (Maxcy-Rosenau, 408) is good, and useful, but getting old. Note also Monif (130 in Gyn-Ob); *Bergey's Manual* (212; is helpful as an aid to taxonomic questions), and the first three American College of Surgeons titles in the surgery section, (444-6), as well as Artz (457). Halsted (350), listed in their pathology section, is very useful for diagnosis, especially for ordering and/or interpreting lab tests. The unstarred pediatric selection (Moffett, 362) is not essential for owning Kurgman (180), also unstarred, but an excellent standard source.

The list is seriously deficient concerning hospital infections.

Journals: Note particularly *Clinical Pharmacology and Therapeutics,* and *Medical Letter on Drugs and Therapeutics,* the latter very small, inexpensive, and useful, with brief but current, didactic information.

Infectious Diseases and the Annals List

This list gives a fleeting nod to nosocomial infections with the American Hospital Association's *Infection Control in the Hospital.*

Kucer's *Use of Antibiotics* is a very good addition in pharmacology. The journal *Antimicrobial Agents and Chemotherapy* should be considered, and would be of equal use to pathologists. The in-depth journals may not be needed unless one does a *lot* with the infectious diseases.

Infectious Diseases Literature

Textbooks and Monographs

Allen, James C. *Infection and the Compromised Host.* Baltimore: Williams and Wilkins, 1979. $12.95.

Bennett, John V. and Philip S. Brachman. *Hospital Infections.* Boston: Little, Brown, 1979. $32.50.

Both authors are from the Center for Disease Control.

Geographic Medicine for the Practitioner: Algorithms in the Diagnosis and Management of Exotic Diseases. Chicago: University of Chicago Press, 1978. $25.00. (Studies in Infectious Disease Research).

Collected clinical articles from the *Journal of Infectious Diseases.*

Health Information for International Travelers. Atlanta: Center for Disease Control, irregular.

Issued (also) as a Supplement to *Morbidity and Mortality Weekly Report.*

Mandell, Gerald L., R. Gordon Douglas, Jr., and John E. Bennett. *Principles and Practice of Infectious Diseases.* New York: Wiley, 1979. (2 volumes) $72.00.

Isolation Techniques for Use in Hospitals. 2d ed. Atlanta: Communicable Disease Center, 1975.

Serials

Hospital Infection Control. Radnor, PA: Hospital Infection Control (Box 2170, 19089), 1974—. Monthly. $60.00.

A newsletter; lacks bibliographies; indexed in *Hospital Literature Index.* Vol. 6 issued in 1979. Publisher calls it a companion to *Hospital Peer Review.*

Morbidity and Mortality Weekly Report. Atlanta: Center for Disease Control. Weekly.

Tallies of certain reportable diseases, plus current alerting on immunization, disease outbreaks, and pandemics. Free from CDC (see below).

Indexes and Abstracts

Hospital Literature Index and *Abstracts of Health Care Management Reviews* are both useful for hospital infections and infection control.

Infection Control in Hospitals: An Annotated Bibliography. St. Paul, MN: 3M Company, 1975-.

Abstracts of journal articles, grouped in large subject sections. Volume III to be published June, 1980.

International Pharmaceutical Abstracts. Washington, DC: American Society of Hospital Pharmacists , 1964—. Semimonthly. $250.00.

Devoted to "all phases of the development and use of drugs." A purchase to be shared with Pharmacy. "Sponsored" by three pharmaceutical companies.

Associations and Association Publications

American Academy of Pediatrics. [Box 1034, Evanston, IL 60204.] The Academy's Committee on Infectious Disease publishes its *Report* irregularly; this "Red Book" covers immunization, diseases, pediatric dosages.

Information Services

Center for Disease Control, [Atlanta, GA 30333], is a branch of the Public Health Service. It engages in laboratory and consultative work, and supplies special drugs and biologics. It maintains a Library and Reports Division, and is the publisher of *Morbidity and Mortality Weekly Report.*

Iowa Drug Information Service. [University of Iowa College of Pharmacy, Iowa City, IA 52240.] Since 1965; includes monthly update. Expensive and useful; indexed by drug and disease. Probably would be owned by, or co-owned with, the Pharmacy. On microfiche; need reader-printer for greatest usefulness. Subscription price includes unlimited computer searches on request.

Oncology

Oncology, the study of neoplastic disease, is generally referred to as the "cancer problem." It is a study of a large variety of tumors of malignant nature with a lethal potential. Approaching 300,000 a year, deaths from cancer in the U.S. are exceeded only by those resulting from cardiovascular and renal disease.[17]

The field of oncology attracts researchers as well as clinicians. While the researcher is highly interested in etiology (carcinogenesis), classification (clinical taxonomy), and experimentation, including animal studies, the clinician is more concerned with diagnostic procedures and treatment. Both the researcher and clnician are playing an active role in finding ways to deal more humanely and intelligently with terminally ill patients. As a result of the two working together the hospice movement in the U.S. is growing.

The finality of treatment in a cancer patient demands that therapy be undertaken by a specialist. The responsibility is great and the judgment is critical. This is reflected in the emergency of subspecialties in virtually all major disciplines i.e., radiation oncology, medical oncology, surgical oncology, gynecologic oncology, and pediatric oncology.

Oncology and the Brandon List

The list does a good job in citing useful and authoritative titles for the general clinician. However, the trend toward specialization within the field should be reflected as well as the growing interest in caring for the terminally ill.

Oncology and the Annals List

The same criticism made of the Brandon list and its treatment of oncology holds true here. Another questionable thing that the Annals list does is to cite general textbooks and journals that may be or may not be useful to oncologists or internists with an interest in oncology. This attribute is characteristic of the list in general, so that the treatment of oncology is not unique.

Oncology Literature

There are many excellent general references on the subject of cancer and a large number of oncology journals exists entirely devoted to clinical and research reports.

According to del Regato, a distinguished physician and author, "the medical literature abounds in examples of articles devoted to treatment that take diagnoses for granted, of speculations on etiology that ignore the different clinical behavior, a basic understanding of the natural history of tumors, of detailed histopathology without meaningful correlation with prognosis."[18] This is probably an accurate assessment of the literature.

Textbooks and Monographs

Atlas of Tumor Pathology. 2d Series. Fascicles 1-13. Washington, DC: National Research Council, Committee on Pathology, 1950-1976.

Detailed pathology of tumor sites and beautifully illustrated.

Atlas of Tumor Radiology. Vol. 1-13. Chicago: Year Book, 1971—.

Rubin, Philip, ed. *Clinical Oncology for Medical Students and Physicians.* Dallas: American Cancer Society, 1978. 5th ed. Free.

Authored by a multidisciplinary group of contributors from the faculty of the University of Rochester School of Medicine and Dentistry and School or Nursing.

Saunders, Cicely, M. ed. *The Management of Terminal Disease.* (Management of Malignant Diseases series) Chicago: Year Book, 1978, $19.95.

Clinical accounts of the management of dying patients. The team approach is stressed throughout.

Stoddard, Sandol. *The Hospice Movement: A Better Way of Caring for the Dying.* New York: Stein and Day, 1977. $9.95.

First-hand account of how the dying can be helped to make their last days worth living and to face death with *equanimity.*

Serials

Cancer Treatment Reviews. New York: Academic Press, 1973—. Quarterly. $33.00.

Leading experts review recent developments in specific areas of cancer treatment and the related basic sciences.

Clinical Bulletin. New York: Memorial Sloan-Kettering Cancer Center, 1971—. Quarterly.

Presents clinical aspects of cancer as diagnosed and treated by Memorial Hospital for Cancer and Allied Diseases.

International Journal of Radiation Oncology, Biology, and Physics. New York: Pergamon Press, 1976—. Monthly.

Indexed in *Index Medicus.*

Omega, Journal of Death and Dying. New York: Baywood, 1970—. Quarterly. $45.00.

As a forum of the "new thanatology", it explores in depth all aspects of death. Edited by Robert J. Kastenbaum.

Indexes and Abstracts

Cancer Therapy Abstracts. Philadelphia: Franklin Institute Press, 1975—.

A monthly National Cancer Institute publication whose indexes cumulate annually. Provides international coverage, very full abstracts, lists number of references for each article, gives first author's full address, and indexes all named authors. There are 5 indexes, the fullest being that for (therapuetic) "Agents."

Current Articles on Neoplasia. Houston: University of Texas, M. D. Anderson Hospital and Tumor Institute, 1958—. Weekly. Free.

Current awareness bibliography on cancer and those basic sciences having particular application to clinical oncology. Based on a collection of 850 currently received journal titles. The citations from these titles form the data base used to select articles for review in the *Year Book of Cancer,* edited at M. D. Anderson Hospital.

Excerpta Medica. Section 16: Cancer. Amsterdam: Excerpta Medica, 1953—. 30/year. $332.00.

Abstracting service for cancer literature. Indexed in *Chemical Abstracts.*

Oncology Abstracts: Experimental and Clinical Studies. Arlington, VA: Information Retrieval Ltd., 1977—. Monthly. $240.00.

Associations and Association Publications

American Cancer Society. [777 Third Avenue, New York, NY 10017.] Supports education and research in cancer prevention, diagnosis, detection and treatment and provides special services to cancer patients. It publishes: *Cancer,* monthly; *CA — A Cancer Journal for Clinicians,* bimonthly; *Cancer News: World Smoking and Health,* 3 per year; and *Cancer Facts and Figures,* annual. Its medical library provides interlibrary loans, and selected bibliographies on specific subjects in answer to requests from researchers, doctors and investigators.

Information Services

Cancer Information Service. [1825 Connecticut Avenue, N.W., Suite 218, Washington, DC 20009.] Purpose is to collect and disseminate up-to-date information relating to cancer and its treatment to both the public and professional communities. It maintains a library.

National Cancer Institute. [9000 Rockville Pike, Bethesda, MD 20014.] With the help of cancer experts throughout the country, the Institute is developing a National Cancer Program which will expand existing scientific knowledge on cancer cause and prevention, as well as on the diagnosis, treatment and rehabilitation of cancer patients. Its library contains titles on cancer, chemotherapy, chemistry, and biochemistry. It publishes *Cancer Therapy Abstracts,* monthly.

Pulmonary Disease

Pulmonary means pertaining to the lung. However, the field of pulmonary disease, as practiced today, encompasses disturbances of the air passages, lungs, pleura, chest wall, muscles of respiration, and the mediastinum (excluding the heart, systemic vessesls, and esophagus). As a result, the term "respiratory disease" is probably more applicable.

Acute respiratory diseases are probably the most common afflictions of mankind and are responsible for more absences from school and work than any other illness. Chronic respiratory diseases, particularly emphysema and bronchitis, are second only to cardiovascular diseases as causes of disability payments. Cancer of the lung kills more persons each year than any other kind of malignancy.

Pulmonary Disease and the Brandon List

There is a good selection of titles on pulmonary disease, respiratory function and surgical treatment. However, the list does not reflect any titles (books or journals) that show the trend to treat pulmonary disease in a multidisciplinary way. Titles dealing with technical innovations are not evident either.

Pulmonary Disease and the Annals List

As a recognized subspecialty of internal medicine, pulmonary disease gets ample treatment, but the same gaps that occur in the Brandon list occur here.

Pulmonary Disease Literature

In recent decades, the field of pulmonary diseases has evolved through medical and surgical collaboration. As a result a mass of information and experience has been accumulated germane to both medical and surgical disciplines.

Single texts have been developed for the respiratory care team (clinician, therapist, and nurse). They include information on pathophysiologic mechanisms of pulmonary disease, technical innovations, and therapeutic and diagnostic trends in respiratory therapy (formerly inhalation therapy).

Textbooks and Monographs

Berte, John B. *Pulmonary Emergencies.* Philadelphia: Lippincott, 1977. $15.00.

Describes how to handle the emergency, and also what to do once the emergency situation is stabilized.

Burton, George, ed. *Respiratory Care: A Guide to Clinical Practice.* Philadelphia: Lippincott, 1977. $45.00.

Completely clinical in approach. A wide range of recent advances is featured.

Fishman, Alfred P. *Pulmonary Disease and Disorders.* New York: McGraw-Hill, 1979. $125.00.

A definitive work in pulmonary medicine, and beautifully illustrated.

Green, Jerry F. *Mechanical Concepts in Cardiovascular and Pulmonary Physiology.* Philadelphia: Lea & Febiger, 1977. $10.00.

Shibel, Elaine and Kenneth M. Moser. *Respiratory Emergencies.* St. Louis: Mosby, 1977. $21.00.

Serials

Basics of RD. New York: American Thoracic Society, medical section of American Lung Association. 5/year.

Each issue is devoted to one specific respiratory disorder. Probably, free from the local Lung Association.

Clinical Notes on Respiratory Diseases. New York: American Thoracic Society, medical section of American Lung Association, 1962–. Quarterly. Free.

Indexed in *Index Medicus.*

Clinics in Chest Medicine. Philadelphia: Saunders, 1980–. 3/year.

New series that promises timely and authoritative coverage of current topics of interest in the field of respiratory function and disease. Emphasizes an interdisciplinary approach.

Indexes and Abstracts

Excerpta Medica. Section 15: Chest Diseases, Thoracic Surgery and Tuberculosis. Amsterdam: Excerpta Medica, 1948–. 20/year. $210.00.

Abstracting service for areas indicated. Indexed in *Chemical Abstracts.*

Associations and Association Publications

American Lung Association. [1740 Broadway, New York, NY 10019.] Federation of state and local associations of physicians, nurses and laymen interested in the prevention and control of lung disease. Among its publications are: *American Review of Respiratory Diseases,* monthly; *Basics of RD,* 5 times a year; and *Clinical Notes on Respiratory Diseases,* quarterly.

American Association for Respiratory Therapy. [1720 Regal Row, Dallas, TX 75235.] Allied health society of respiratory therapy technicians and therapists employed by hospitals, group practices, educational institutions and municipal organizations. Publishes *RC: Respiratory Care,* monthly.

Information Services

National Heart, Lung and Blood Institute. [9000 Rockville Pike, Bethesda, MD 20014.] It has primary responsibility for the scientific investigation of heart, blood vessel, lung and blood diseases as well as the management of our nation's blood resources.

CITED REFERENCES

1. Beeson, Paul E. and McDermott, Walsh, eds. *Cecil Loeb Textbook of Medicine.* 15th ed. Philadelphia: Saunders, 1979.

2. Aiken, L. H. The contribution of specialists to the delivery of primary care: A new perspective. *New England Journal of Medicine* 300(24):1363-1370, June 14, 1979.

3. Girard, R. A. A national study of internal medicine and its specialties: I. An overview of the practice of internal medicine. *Annals of Internal Medicine* 90(6):965-975, June 1979.

4. Farmer, J. Information needs of clinicians: Observations from a CML program. *Bulletin of the Medical Library Association* 67(1):53-54, January 1979.

5. *Special Libraries: A Guide for Management.* New York: Special Libraries Association, 1975. (pp.38-39)

6. Hetnzer, Bernice M. The Medical Librarian. In: Annan, Gertrude L., and Felter, Jacqueline W., eds. *Handbook of Medical Library Practice.* 3d ed. Chicago: Medical Library Association, 1970. (pp.16-31)

7. Flandorf, Vera S. Managing the Library. In: Bloomquist, Harold et al. *Library Practice in Hospitals: A Basic Guide.* Cleveland: The Press of Case Western Reserve University, 1972. (pp.130-146)

8. Brandon, A. N., and Hill, D. R. Selected list of books and journals for the small medical library. *Bulletin of the Medical Library Association* 16(2):185-211, April 1979.

9. Allyn, R. A library for internists III: recommended by the American College of Physicians. *Annals of Internal Medicine* 90(3):446-477, March 1979.

10. *EBSCO Periodical Listing.* Birmingham, AL: EBSCO Subscription Services, 1979.

11. Blake, John B. and Roos, Charles. *Medical Reference Works, 1697-1966:; A Selected Bibliography.* Chicago: Medical Library Association, 1967. (with supplements)

12. *NLM Current Catalog.* Bethesda, MD: National Library of Medicine, 1966—.

13. Bloomquist, Harold et al. *Library Practice in Hospitals: A Basic Guide.* Cleveland: Press of Case Western Reserve University, 1972. (pp.78-79)

14. Vaughn, Victor C. *Nelson Textbook of Pediatrics.* 11th ed. Philadelphia: Saunders, 1979. (pp.7-8)

15. Rogers, D. E., and Aiken, L. H. Yes, but what do internists *really* do? [editorial] *Annals of Internal Medicine* 90(6):976-8, June, 1979.

16. Weil, M. H. The Society of Critical Care Medicine, its history and its destiny. *Critical Care Medicine* 1(1):1-4, Jan/Feb 1973.

17. Rubin, Philip, ed. *Clinical Oncology for Medical Students and Physicians: A Multidisciplinary Approach.* 5th ed. New York: American Cancer Society, 1978. (p.1)

18. Del Regato, Juan A. *Ackerman and Del Regato's Cancer: Diagnosis, Treatment, and Prognosis.* 5th ed. St. Louis: Mosby, 1977. (p.v)

SELECTED REFERENCES

1. Allyn, Richard. A library for internists III: recommended by the American College of Physicians. *Annals of Internal Medicine,* 90(3):446-477, March 1979.

   This is the third revised list of books and journals judged to be the most useful for internists and health science libraries serving them. Very comprehensive! Be sure to read with care the introduction for maximum use of the list.

2. Beatty, William K. Searching the literature and computerized services in medicine: guides and methods for the clinician. *Annals of Internal Medicine,* 91(2):326-332, August 1979.

   A teaching tool for clinicians and a review for librarians. Describes fundamental methods, basic printed guides, and computerized services and tells how to obtain current information on computerized programs and their costs.

3. Bradley, Jana, ed. *Hospital Library Management.* Chicago: Medical Library Association, [1981].

   A comprehensive work for professionals new to hospital work.

4. Darling, Louise, ed. *Handbook of Medical Library Practice.* 4th ed. Chicago: Medical Library Association, [1981].

   Revised and enlarged edition of a classic. Vol. 1, *Public Services: Vol. 2, Technical Services: Vol. 3, Administrative and Health Services Librarianship.*

5. Brandon, Alfred N. Selected list of books and journals for the small medical library. *Bulletin of the Medical Library Association* 63(4):411-414, October 1975.

   The 8th revision of what has become the standard list. Includes 492 books and 183 journals. Read the introductory pages for ideal use of the list.

6. Colaianni, Lois Ann. Journal titles held by forty health care institutions in Southern California. *Bulletin of the Medical Library Association* 63(4):411-414, October 1975.

   It provides an indication of titles considered important by a representative group of libraries. As such, it may serve as a guide in the selection of journal titles to be included in a health science collection.

7. *EBSCO Periodical Listing.* Birmingham, AL: EBSCO Subscription Services, 1979.

   Its annual list of periodicals for which it will act as subscription agent. Its unique feature is that it is a compilation of "those titles most often subscribed to by hospitals for various departmental and sectional use as well as individual staff and personnel subscriptions." For each title there is a notation where it is indexed and/or mentioned in one of the popular literature guides.

8. Gotsick, Priscilla S. The development and evluation of a small, ready-reference library collection for a rural practice: a case study. *Bulletin of the Medical Library Association* 67(2):218-225, April 1979.

A report on the Rural Demonstration Library Collection, which proved to be highly successful in meeting information needs of primary care solo rural practice in eastern Kentucky.

9. Holoweiko, Mark. Books every doctor needs to own. *Medical Economics,* 56:80-83, June 11, 1979.

10. Iowa State Advisory Committee on Health Science Libraries. Core List Committee. *Core list of books and journals for Iowa Hospital health science librarians.* Iowa City: University of Iowa, 1979.

A fifth revision which comprises a core library to serve the needs of Iowa community hospitals of under one hundred beds. The cost of purchasing all essential books and journals, with the exception of suggested alternates, is approximately $2,600.

11. Onsager, Lawrence W. A bibliography of recommended lists of books and journals for health science libraries. *Bulletin of the Medical Library Association* 66(3):338-339, July 1978.

Makes available in one source recommended lists of books and journals for health science libraries. It is arranged chronologically and includes descriptive annotations. Covers years 1967 to 1977.

12. Roper, Fred. *Introduction to Reference Sources in Health Sciences.* Chicago: Medical Library Association, 1980.

Discusses various types of bibliographic and informational sources and their use in reference work. Although aimed at library school students, practicing librarians and health science library users may find the book of value. A chapter is devoted to developing and maintaining the reference collection.

13. Silk, Arthur D. Is that new medical book worth buying? *Medical Economics* 49:168, May 8, 1972.

A one-page article which gives tips on how to quickly evaluate a new edition and/or a totally new book which may be considered for purchase.

14. Truelson, Stanley D. Selecting for health sciences library collections when budgets falter. *Bulletin of the Medical Library Association* 64(2):187-195, April 1976.

An excellent article on the art of selecting when the library budget is cut. You may question, as we did, the comments on audiovisuals and multiple copies.

15. Usdin, B. Tommie. Core lists of medical journals: a comparison. *Bulletin of the Medical Library Association* 67(2):212-217, April 1979.

Five core lists of medical journals are compared with respect to size, intended users, and content. They agree to some extent on what the core literature of medicine is.